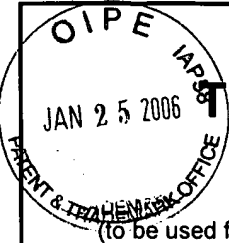
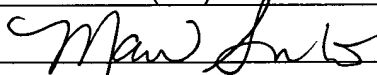
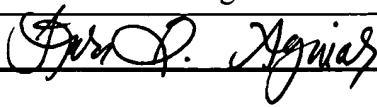


1FW\$

 <p>TRANSMITTAL FORM (to be used for all correspondence after initial filing)</p>	Application No.	10/661,169	
	Filing Date	September 12, 2003	
	First Named Inventor	O'YOUNG et al.	
	Examiner Name	Kunemund, Robert M.S.	
	Group Art Unit	1722	
Total Number of Pages in This Submission	10	Attorney Docket No.	A-71202/MSS (469332-20)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached \$120.00	<input type="checkbox"/> Drawing(s) (Informal)-3 pgs	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check No. 200237 in the amount of \$120.00 (for a 1-month extension of time request at the large entity rate) and a self-addressed stamped Postcard.
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Supplemental Information Disclosure Statement (3 pgs.)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Maria S. Swiatek, Reg. No. 37,244 DORSEY & WHITNEY LLP 555 California Street, Suite 1000 San Francisco, CA 94104 Telephone: (650) 857-1717 Facsimile: (650) 857,1288	Customer Number 32940
Signature		
Date	January 23, 2006	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:		
		01/23/06
Typed or printed name	Kari Bateman Aguiar	
Signature		Date January 23, 2006